# Imaging Spinal Surgical Tabletop
# Models: 5827, 5927

**of the Modular Table System (MTS) product line**

Work Instruction Number 50603-12

**Contact Information:**

Date: _____Model/Serial#: _____ Account #: _____

Hospital Name: _____ City & State: _____

Contact Name: _____ Position: _____ Phone: _____

Equipment Location: _____

Service Representative: _____ Service Organization: _____

Service Rep. phone: _____ Home location: _____

Customer contact accepting service: _____ _____ _____

Name please print Signature Date

Service Representative: _____ _____ _____

Name please print Signature Date

**Using this report:** Please proceed through each step and place an "x" in the "( )" as each item representing Pass Fail ( ) ( ) criteria is inspected. If a step has failed, please indicate with an "x" and note the reasons in the comments section. If you resolve the failure place an "x" in the "Pass" area and indicate the corrective action again in the comments section. If you are unable to perform any Pass/Fail check, please contact Mizuhosi Technical Services for assistance and circle the check.

**Biohazards when servicing equipment:** Please take appropriate precautions for servicing potentially contaminated biohazard equipment or working in biohazard surroundings. Please wear protective surgical gloves and log sleeved gowns at all times. If your gloves or protective clothing tears, replace immediately. Have the hospital staff clean the equipment appropriately prior to servicing. Clean your tools that may contain biohazards prior to placing back in your tool kit for removal from the location. If you suspect biohazards are present do not service the equipment until they have been cleaned.

(If serviced by an outside service organization, the record must be reviewed, signed, and dated by Technical Services Dept. Refer to last page of this document).

## Surgical bases covered:

5827 Radiolucent Imaging Top, 350lb (pounds) patient weight capacity

5927 Radiolucent Imaging Top, 500lb patient weight capacity

## Tools Required:

Cotton swab

Lubricant, silicon, spray

Grease, Lithium bases, white, multi-purpose

## Materials Required:

Jackson Spinal Surgery & Imaging Table Tops Technique Manual

Pass Fail

**1. Top Inspection and fit.**

1.1 ( ) ( ) Table top is clean, without signs of hazardous contamination, and all labels are intact and legible.

Comment: _____

1.2 ( ) ( ) Carbon fiber top is free of wear, cracks, delamination or splinters. Particular inspection is required of the siderail-to-top joint. Joint is securely bonded without voids, cracks, or separation.

Comments: _____

**Diagnostic/repair tip:** splinters are easily detected by running a cotton swab along surface. Smooth splinter area with a *light* sanding with 400 grit sandpaper then applying a *small* amount of Polycyanuacyralate ("super-glue") to seal affected area.

1.3 ( ) ( ) Gimbals are secure, rotate to stops and return to center position.

Comments: _____

**Note**: earlier models may not be equipped with gimbals.

1.4 ( ) ( ) Fits in all positions on removable H-frames, T-pins slide into locked position freely.

Comments: _____

**Warning**: Rotation of tops not equipped with gimbals beyond 5 degree Trendelenburg and Reverse-Trendelenburg will cause severe damage.

1.5 ( ) ( ) With top in 3rd from highest position on H-frames, top rotates freely at 5 degree Trendelenburg and Reverse-Trendelenburg.

Comments: _____

1.6 ( ) ( )With top in lowest position on H-frames, top rotates freely at 5 degree Trendelenburg and Reverse-Trendelenburg.

Comments: _____

**2. Standard Attachments operate properly.**

2.1 ( ) ( ) Table pad retains good shape, is free of punctures, tears or excessive wear.

Comments: _____

**3. Optional Accessories inspection only if they are attached to the top. Otherwise, no need to inspect.**

3.1 ( ) ( ) Pivoting Armboard(s) operates properly and the pads is/are free of punctures, tears or open seams.

Comments: _____

3.2 ( ) ( ) Clarke Socket(s) operate properly.

Comments: _____

3.3 ( ) ( ) Cross Arm Support(s) operate properly and the pads is/are free of punctures, tears or open seams.

Comments: _____

3.4 ( ) ( ) Aluminum Siderail Socket(s) operate properly.

Comments: _____

3.5 ( ) ( ) Imaging Top Adaptor Bracket(s) operate properly.

Comments: _____

3.6 ( ) ( ) Siderail Adaptor(s) operate properly.

Comments: _____

**This section is for Technical Services use only.**

Reviewed**:** _____ Signature: _____ Date: _____